UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2009 - May 6, 20	FOR For use by candidates		Page 1 of <u>Co</u> LEGISLATIVE RESOURCE CENTER 2010 MAY 1 -							
Name: Billy Dale Maske	Daytin	ne Telephone: 64	41-202-3322	2010 MAY 17 PM 3: 24 U.S. HOUSE OF THE CLERK MAY 1 0 2010 (Office Use Only)						
Filer Status Candidate for the House of Representatives New officer or employee Employing Office:		e of June 2010 tion: Nov 2010	Check if Amendment	A <i>\$200 penalty</i> shall be assessed against anybody who files more than 30 days late.						
In all sections, please type or print clearly in black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS										
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes If yes, complete and attach Schedule I.	X No □	IV. Did you hold any r of filing in the current if yes, complete and	eportable positions on or becalendar year or in the pricate attach Schedule IV.	pefore the date or two years? Yes No						
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	No [V. Did you have any rewith an outside entity? If yes, complete and		rangement Yes No No						
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III. Yes	X No	VI. Did you receive co a single source in the If yes, complete and	ompensation of more than two prior years? attach Schedule VI.	\$5,000 from Yes No X						
Each question in this part must be ans	wered and the	e appropriate sche	dule attached for	each "Yes" response.						
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS										
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the need not be disclosed. Have you excluded from this report details o page 8.)	e Committee on S f such a trust ben	tandards of Official Conc efiting you, your spouse,	duct and certain other "o or a dependent child?	excepted trusts" (See Instructions, Yes No No						
EXEMPTION —Have you excluded from this report any other asset because they meet all three tests for exemption? Do not answer "ye Conduct.	ts, "unearned" inco es" unless you have	ome, transactions, or liable first consulted with the	oilities of a spouse or de Committee on Standar	ependent child ds of Official Yes No X						

SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

Name Billy Dale Maske

Page 2 of 6

List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)		Type	Amount						
	Course (include date of fecelpt for frontieria)	Type	Current Year to Filing	Preceding Year					
	XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450					
Examples:	First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200					
	XYZ Trade Association, Chicago, IL. (Rec'd December 2)	Honorarium	0	\$1,000					
	Harris County, Texas Public Schools	Spouse Salary	NA	NA NA					
Inte	erstate 35 Community School, Truro, Iowa	Salary	\$11,271.80	\$108,002.9					
Iou	a Public Employees Retirement System, DesMoines, IA	Retirement	\$ 13,008.° ¹	-0-					
Sout	hwestern Community College, Creston, IA	Spouse Salary	HJA	NIA					
Int	erstate 35 Comm. School, Truro, IA	Spouse Salary Spouse Fee	N/A	N/A					
				7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		·	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the

(SF	asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.							
SP,		SP Mega Corp. Stock		[
DC,	Examples:	Simon & Schuster						
JT		1st Bank of Paducah, KY accounts		111				
JT	164 L	ukeShore Dr., Nashua, IA						
	اع مبدأ 211	kkeshore Dr., Nashua,IA kkn.S., Belmond, IA i State Bonk						

BLOCK B

Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.

BLOCK D

Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.

account that exceeds the report For retirement plans that are not name the institution holding the	ing threshold. self-directed,	Α	В	CD	E	F	G H		J	K I							п Іпсоте)			C	urı	en	Ye	ar					Pre	ece	dir	ng `	Yea	r	
its value at the end of the reporti an active business that is not p state the name of the business, its activities, and its geograph Block A. For additional informatinstruction booklet.	ng period. For ublicly traded, the nature of ic location in									0							ihip Income or Farn		II	10	IV V	/ VI	VIII	/III E	××	ΧI	1	•	m T	V	VI	VII	VIII E	x x	ΧI
Exclude: Your personal resider there is rental income); any deb by your spouse, or by you or child, parent, or sibling; any deg \$5,000 or less in personal saviand any financial interest in or in from U.S. Government retirement fyou so choose, you may income asset or income source is that of (SP) or dependent child (DC) or (JT), in the optional column on the source is the context of the column on the column of the colum	t owed to you your spouse's posits totalling ngs accounts; come derived in programs. dicate that an if your spouse is jointly held	None		\$1,001 - \$15,000 \$15,001 - \$50,000	8		\$250,001 - \$500,000	≯ [T.	\$25,000,001 - \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTEDANI IND TENEST	EACEP (EL/BLIND INOS)	Other Type of Income (Specity: For Example, Partnership incom	None	\$1 - \$200	€9	\$1,001 - \$2,500 \$2,501 - \$5,000	\$5,001 – \$15,000	1.0	\$50,001 - \$100,000	\$1,000,001 – \$5,000,000	5,000	None	\$1 - \$200	\$201 - \$1,000 \$1 001 - \$2 500	\$2,501 – \$5,000	\$5,001 - \$15,000	111	\$50,001 - \$100,000	-	Over \$5,000,000
SP, SP Mega Corp. Stoo	k				X						X					1					X								x	1		$ \cdot $			-
DC, Examples: Simon & Schuste			!	ndefi							-	 	_			-	Royalties				X	ļ								Х					
JT 1st Bank of Padue	cah, KY accounts			+		X		+-	+		30		Х		- 28						+×			\$1.0						X					4
JT 164 Lakeshore Dr.,	Na Shua, IA			Andrew Control		X							X							1	X								10		X				
Jr 211 Lunck Lo.S., Belr	nond, IA					X							X					X											X						
JT Union State Bonk				X										X					X									X							
Roth IRA/Security	Benefit			X.								X						X						Y			X								
SP Roth IRA/Securit	ly Benefit		1	X								X					•	X									X		ľ. vo						İ
TPERS						X					X							X									X								

SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Billy Dale Maske

Page 4 of 6

	BLOCK A	BLOCK B	BLOCK C	BLOC	CK D				
•	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income					
SP,		ABCDEFGHIJKL		Current Year	Preceding Year				
JT,		000°00 000°00 000°00	E0ST	1 11 10 1V V V V V V I IX X X					
DC		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$250,001 - \$1,000,000 \$500,001 - \$1,000,000 \$500,001 - \$5,000,000 \$5,000,001 - \$5,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST (Specify)	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$4,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$16,000 \$15,001 - \$1,000,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000				
		\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,0 \$500,001 - \$5,000 \$5,000,001 - \$5,000 \$5,000,001 - \$5,000 \$5,000,001 - \$5,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLI Other Type of In (Specify)	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$5,001 - \$15,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$1,000,001 - \$5,000,00	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000				
		\$1.00 \$1.00 \$1.00 \$50,0 \$250, \$500, \$1.00 \$500, \$1.00 \$1.00 \$1.00	NONE DIWIDE RENT INTERI CAPITY EXCEF	\$1 - \$200 \$201 - \$1,0 \$1,001 - \$1,0 \$2,501 - \$1,0 \$5,001 - \$1,0 \$50,001 - \$100,001 - \$1,000,001	\$1 - \$200 \$201 - \$1,0 \$1,001 - \$1,0 \$2,501 - \$1 \$5,001 - \$1 \$100,001 - \$1,000,001				
	403 B/ Security Benefit								
	- Calamos Growth		X	X	<u> </u>				
	- Drey fus Midrop Value	Х	X	X	<u>x</u>				
	- Janus Overseas	X	X	x	x				
	- Royce Value		X	X	X				
ļ		e X	X	X	X				
	- Rydex SGI Milosphili - Wells Fargo Adv. Sm. Cap Value - Calamus Growth	X	X	X	X				
5P	- Calamus Growth	X	X	X	X				
5P	- Dreyfus Mideap Value		X	X	X				
<i>5</i> ₽	- Dreyfus Midcap Value - Janus Overseas		X	Х	X				
SP	- Royce Value		X	X	X				
59	- Royce Value - Rydex SGI Mideap Value - Wells Fargo Adv. Sm. Capitalia		X	x X	X				
SP	- Wells Fargo Adv. Sm.	X	X	X	X				
SP	IPERS appare		X	X					

Name	Billy	Dale	Maske
------	-------	------	-------

Page 5 of 6

SCHEDULE III - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

			Amount of Liability											
SP, DC, JT	Creditor	Type of Liability	\$10,001— \$15,000 W	\$15,001— \$50,000 O	\$50,001— \$100,000	\$100,001— \$250,000 M	\$250,001— \$500,000	\$500,001— \$1,000,000	\$5,000,000 ±	\$5,000,001— \$25,000,000	\$25,000,001— \$50,000,000	Over \$50,000,000 ★		
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.	9 49	<i>⇔ €</i>	69.69	X	<i>₩</i>	9 49	166	9 49	69 69	0 69		
JT JT	U.S. Bank, Humboldt, IA Chase, Columbus, OH	Home Equity Loan on 164 Lakeshore Dr., Nashua, IA Mortgage on 211 Luick Ln. S., Belmond, IA		Х		×								
JT	Union State Bank, Winterset, IA	Loan secured by automobile		Х										
		·												
·		·												

SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization									

Name Billy	Dale	Maske
------------	------	-------

Page 6 of 6

SCHEDULE V — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
8/77	IPERS and Bill Maske	Continued participation in a defined benefit retirement
		pian.

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

	Source (Name and Address)	Brief Description of Duties						
Example:		Accounting services						